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FEC FORM 3X

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines American Hospital Association PAC 325 Seventh Street, NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00106146 Χ REPORT OR (A) (N) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 07 0 1 2005 07 3 1 2005 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Melinda Hatton Type or Print Name of Treasurer Electronically Filed by Ms. Melinda Hatton 06 29 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003)

Image# 26950202423

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS Page 2

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name American Hospital Association PAC [®] D " D 0.7 0.7 0 1 2005 3 1 2005 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand [°]2005 530585.12 January 1 (b) Cash on Hand at 338035.20 Begining of Reporting Period 76312.19 504883.96 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 414347.39 1035469.08 6(a) and 6(c) for Column B) 66751.46 687873.15 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 347595.93 347595.93 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period:

From:

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^D 3 1

2005

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	29862.84	171690.75
	(ii) Unitemized	24284.60	88997.79
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	54147.44	260688.54
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	5500.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	54147.44	266188.54
2.	Transfers From Affiliated/Other Party Committees	22000.00	236910.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
6	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	538.13
Ο.	to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	164.75	1247.29
8.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	76312.19	504883.96
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	76312.19	504883.96

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS

COLUMN A
Total This Period

Calendar Year-to-Date

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	9901.46	17071.15
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	9901.46	17071.15
22.	Transfers to Affiliated/Other Party Committees	0.00	0.00
23.	Contributions to Federal Candidates/Committees and Other Political Committees	56850.00	665175.00
4.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)	0.00	
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans Made Refunds of Contributions To:	0.00	0.00
Ο.	(a) Individuals/Persons Other Than Political Committees	0.00	40.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	5500.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	5540.00
9.	Other Disbursements	0.00	87.00
٥	Federal Election Activity (2 U.S.C 431(20))		
Ο.	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,	66751.46	607070 15
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	66751.46	687873.15
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	66751.46	687873.15

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	54147.44	266188.54
34.	Total Contribution Refunds (from Line 28(d))	0.00	5540.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	54147.44	260648.54
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	9901.46	17071.15
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	538.13
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	9901.46	16533.02

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 71 (check only one) X 11a 11b 11c 12
Ar	ry information copied from such Reports and Stat	ements may	y not be sold or used by any person dress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions a solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		,,	
A.	Full Name (Last, First, Middle Initial) Mr. Kenneth G. Stella Mailing Address 4671 Bedford Court			Date of Receipt
				07 19 2005
	City	State	Zip Code	Transaction ID: 11378368
	Carmel	IN	46033-4647	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Indiana Hospital&Health Association Receipt For: Primary General Other (specify)	· ·	Association President Year-to-Date 500.00]
В.	Full Name (Last, First, Middle Initial) Mrs. Bernice C. Ulrich			Date of Receipt
	Mailing Address 4655 Running Brook Ter			07 19 7 2005
	City	State	Zip Code	Transaction ID: 11378408
	Greenwood FEC ID number of contributing federal political committee.	C	46143-9255	Amount of Each Receipt this Period 250.00
	Name of Employer Indiana Hospital&Health Association Receipt For: Primary General Other (specify)	Occupation Vice Pres Aggregate]
<u> </u>	Full Name (Last, First, Middle Initial) Mr. David H. Wiesman			Date of Receipt
	Mailing Address 4521 Hickory Grove Blvd	d.		07 19 2005
	City Greenwood	State IN	Zip Code 46143-7448	Transaction ID: 11378438 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Name of Employer Indiana Hospital&Health Association Receipt For: Primary General	Occupation Vice Pres	sident e Year-to-Date ▼	1
s	Other (specify) ▼ UBTOTAL of Receipts This Page (optional)		250.00	1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 7/71	
	`		Use separate schedule(s) or each category of the	(check only one)	
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
			Dotailed Callinary Lago	13 14 15 16 17	
Ar	ny information copied from such Reports and St	atements may	not be sold or used by any pers	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Ms. Jo Ann Birdzell			Date of Receipt	
	Mailing Address 12431 Van Buren St.			07 19 2005	
	City	State	Zip Code	Transaction ID: 11378481	
	Crown Point	IN	46307-9210	Amount of Each Receipt this Period	
	•		40007 3210	Amount of Each Neceipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer St. Catherine Hospital	Occupation Hospital	n Administrator		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		050.00		
	Other (specify)	0 0	250.00		
В.	Full Name (Last, First, Middle Initial) Dr. Niceta Bradburn, M.D.			Date of Receipt	
	Mailing Address 9025 Kirkham Ct.			M M / D D / Y Y Y Y	
	JOZO MINIAM OL.			07 19 2005	
	City	State	Zip Code	Transaction ID: 11378496	
	Indianapolis	IN	46260-1635	Amount of Each Receipt this Period	
	FEC ID number of contributing			250.00	
	federal political committee.	C		230.00	
	Name of Employer	Occupation	า	_	
	Name of Employer St. Vincent Hospitals and Health Servi		Newborn Services		
	Receipt For:		Year-to-Date ▼		
	Primary General	00 0		1	
	Other (specify)		250.00		
	Full Name (Leat First Middle 1999)				
C.	Full Name (Last, First, Middle Initial) Vincent C. Caponi			Date of Receipt	
	Mailing Address 8166 Darnley Court			M M / D D / Y Y Y Y	
				07 19 2005	
	City	State	Zip Code	Transaction ID: 11378517	
	Indianapolis	IN	46260-2906	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.			250.00	
	Name of Employer St. Vincent Health	Occupation Chief Exe	n ecutive Officer		
	Receipt For:		Year-to-Date ▼		
	Primary General		050.00	7	
	Other (specify)	0 0	250.00		
Г				750.00	
S	UBTOTAL of Receipts This Page (optional)			730.00	
_	OTAL This Davied (lost ages this line as such as				
1 1	OTAL This Period (last page this line number of	JI IIY)			

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 8 / 71	
	·		Use separate schedule(s) or each category of the	(check only one)	
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
			Dotailed Currintary 1 age	13 14 15 16 17	
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mr. Paul Cardwell			Date of Receipt	
	Mailing Address 1407 Indian Hills Rd.			07 19 2005	
	City	State	Zip Code	Transaction ID: 11378518	
	Monticello	IN	47960-2729	Amount of Each Receipt this Period	
	FEC ID number of contributing				
	federal political committee.	C		250.00	
	Name of Employer White County Memorial Hos- pital	Occupation Chief Exe	n ecutive Officer		
	Receipt For:	Aggregate	Year-to-Date V		
	Primary General		050,00	1	
	Other (specify) ▼		250.00		
В.	Full Name (Last, First, Middle Initial) Mr. Robert S Curtis			Date of Receipt	
	Mailing Address 5505 W. Pineridge Roa	d		07 19 2005	
	City	State	Zip Code	Transaction ID: 11378545	
	Muncie	IN	47304-3422	Amount of Each Receipt this Period	
	FEC ID number of contributing	-	1 1 1 1 1 1		
	federal political committee.	C		250.00	
	Name of Employer	Occupation	1	7	
	Ball Memorial Hospital, Inc.	President	and Chief Executive Office	r	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		050.00	1	
	Other (specify)		250.00		
	Full Name (Last, First, Middle Initial) Mr. Kyle De Fur			Date of Receipt	
J .	Mailing Address 1707 Mimosa Lane			M M / D D / Y Y Y Y	
	Tron Williosa Laile			07 19 2005	
	City	State	Zip Code	Transaction ID: 11378552	
	Anderson	IN	46011-1134	Amount of Each Receipt this Period	
	FEC ID number of contributing			250.00	
	federal political committee.	C		250.00	
	Name of Employer Saint John's Health System	Occupation President			
	Receipt For:		Year-to-Date V	-	
	Primary General	Aggregale	Toal-to-Date ▼	1	
	Other (specify)		250.00		
		0 0		·	
١	UBTOTAL of Receipts This Page (optional)			750.00	
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SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 9 / 71
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may ume and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Blake A Dye			Date of Receipt
	Mailing Address 2805 W. County Road 25	50 S		07 19 2005
	City	State	Zip Code	Transaction ID: 11378573
	New Castle	IN	47362-9719	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Henry County Memorial Hospital Receipt For: ☐ Primary ☐ General Other (specify) ▼		and Chief Executive Officer Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Spencer L. Grover			Date of Receipt
	Mailing Address 3636 Emily Way			07 19 2005
	City	State	Zip Code	Transaction ID: 11378626
	Carmel	IN	46033-4442	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Indiana Hospital&Health	Occupation		
	Association	Vice Pres		4
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
 C.	Full Name (Last, First, Middle Initial) W. David Holloway, M.D.			Date of Receipt
	Mailing Address 1310 Woodland Crossing	9		07 19 2005
	City	State	Zip Code	Transaction ID: 11378668
	Fort Wayne	IN	46825-7241	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Parkview Hospital	Occupation SVP, Chie	ef Quality Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional))	750.00
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 10 / 71 (check only one)
••	LIMIZED NEOLIF 13		Detailed Summary Page	X 11a 11b 11c 12 17 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
\setminus	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Paul Janssen			Date of Receipt
	Mailing Address P O Box 490			07 19 2005
	City New Castle	State IN	Zip Code 47362-0490	Transaction ID: 11378683 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Henry County Memorial Hospital Receipt For: Primary Other (specify) Other (speci	1	n ancial Officer/Senior Vice Pr y Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Douglas J Leonard Mailing Address 2574 California Street			Date of Receipt
	City	State	Zip Code	07 19 2005 Transaction ID: 11378730
	Columbus	IN	47201-3649	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Columbus Regional Hospital	Occupation Hospital	n Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Gregory W Lintjer			Date of Receipt
	Mailing Address 53308 Monticola Lane			07 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 11378735
	Bristol	IN	46507-9692	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Elkhart General Healthcare	Occupation President		
	System Receipt For:	-	e Year-to-Date ▼	\dashv
	Primary General Other (specify) ▼	1.99.094.0	250.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 71
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a
			13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	In for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Mr. Charles H Mason, , Jr.			Date of Receipt
Mailing Address 6402 Cherry Hill Park	way		07 19 2005
City	State	Zip Code	Transaction ID: 11378753
Fort Wayne	IN	46835-9637	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Parkview Hospital	Occupation Presiden	n t and Chief Executive Officer	.
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General	1	500.00	1
Other (specify)		500.00	
Full Name (Last, First, Middle Initial) 3. Mr. Gary A. Meyer			Date of Receipt
Mailing Address 2280 Locust Court Ea	net .		M M / D D / Y Y Y Y
Walling Address 2200 Locust Court La	07 19 2005		
City	State	Zip Code	Transaction ID: 11378770
Seymour	IN	47274-8672	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Schneck Medical Center	Occupation	n	7
Schneck Medical Center	Presiden	t and Chief Executive Officer	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		050.00	1
Other (specify)		250.00	
Full Name (Last, First, Middle Initial)	1		
Mr. Robert E. Morr, Jr.			Date of Receipt
Mailing Address 5227 North Washingt			07 19 2005
City	State	Zip Code	Transaction ID: 11378785
Indianapolis	IN	46220-3060	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Indiana Hospital&Health	Occupation		7
Association	Vice Pres		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		250.00	
Other (specify) ▼			
	1		
SUBTOTAL of Receipts This Page (optional) .		.	1000.00
. 3 (15-5-5-7)			-

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 12/71
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or	ny information copied from such Reports and S for commercial purposes, other than using the	name and add	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Samuel L. Odle			Date of Receipt
	Mailing Address 1701 N. Senate Boulev	ard		07 19 2005
	City	State	Zip Code	Transaction ID: 11378819
	Indianapolis	IN	46206	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Clarian Health	Occupation Senior Vi	n ce President & Chief Opera	tin
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Charles C Franz, , CHE			Date of Receipt
	Mailing Address 4300 Bartlett Street			07 19 2005
	City	State	Zip Code	Transaction ID: 11381035
	Homer	AK	99603-7000	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer South Peninsula Hospital	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial)			Date of Decemb
C.	Dr. Margaret R Peterson, , Ph.D. Mailing Address 5810 Indiana Terrace [Drives		Date of Receipt
	Mailing Address S810 Indiana Terrace I	07 19 2005		
	City	State	Zip Code	Transaction ID: 11381036
	Simi Valley	CA	93063-5770	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Simi Valley Hospital and Health Care S	Occupation President	n t and Chief Executive Office	r
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼		230.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
Г				
T	OTAL This Period (last page this line number	only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 71
	EMIZED RECEIPTS		or each category of the	(check only one)
	LIMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	r not be sold or used by any perso Iress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Ellen Zane			Date of Receipt
	Mailing Address 750 Washington Street			07 19 7 2005
	City	State	Zip Code	Transaction ID: 11381038
	Boston	MA	02111-1845	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Tufts-New England Medical Center	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Nathan O. Rosenberg			Date of Receipt
	Mailing Address 920 Glenneyre Street Suite #2			07 19 7 2005
	City	State	Zip Code	Transaction ID: 11381210
	Laguna Beach	CA	92651-2740	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer St. Rose Hospital	Occupation Managing	n g Director	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
 C.	Full Name (Last, First, Middle Initial) Dr. Dwayne Thomas, , M.D.			Date of Receipt
	Mailing Address 2021 Perdido Street			07 19 2005
	City	State	Zip Code	Transaction ID: 11381391
	New Orleans	LA	70112-1396	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Medical Center of Louisia-	Occupation	ı	7
	na at New Orl	-	ecutive Officer	_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		500.00	
S	UBTOTAL of Receipts This Page (optional)			1250.00
т,	OTAL This Period (last page this line number o	nlv) .		
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 14 / 71
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and Stator for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Mary Starmann-Harrison			Date of Receipt
	Mailing Address 3013 Bryn Wood Drive			07 19 7 2005
	City	State	Zip Code	Transaction ID: 11381442
	Madison	WI	53711-5838	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SSM Health Care-Wisconsin	Occupation President	n t & Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼		230.00	
3.	Full Name (Last, First, Middle Initial) Mr. Robert A. Boysen			Date of Receipt
	Mailing Address 10271 South Northlake A	07 19 2005		
	City	State	Zip Code	Transaction ID: 11381444
	Olathe	KS	66061-7306	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		375.00
	Name of Employer Sisters of Charity of Lea-	Occupation		
	venworth Heal		sident & CIO	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1
	Other (specify)	0 0	375.00	
).	Full Name (Last, First, Middle Initial) Mr. Dwight L. Fine			Date of Receipt
	Mailing Address 12675 Riviera Heights R	load		07 19 2005
	City	State	Zip Code	Transaction ID: 11381455
	Holts Summit	MO	65043-2039	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		222.24
	Name of Employer Missouri Hospital Associa- tion	Occupation Sr. Vice I	n President, Government Rela	tic
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		777.84	1
	Other (specify) ▼		177.04	
S	JBTOTAL of Receipts This Page (optional)			847.24
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 71 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
A .	Full Name (Last, First, Middle Initial) Mr. Marc D. Smith Mailing Address 5612 Tanner Bridge Roa City Jefferson City FEC ID number of contributing federal political committee. Name of Employer Missouri Hospital Association Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Terry O Finklein Mailing Address 33671 Rainbows End La	State MO C Occupation President Aggregate	Zip Code 65101-8275 n t and Chief Executive Officer e Year-to-Date ▼ 777.84	Date of Receipt
	City Warrenton FEC ID number of contributing federal political committee. Name of Employer Columbia Memorial Hospital Receipt For: Primary General Other (specify)	State OR C Occupation Chief Exe	Zip Code 97146-7243 n ecutive Officer e Year-to-Date ▼ 250.00	Transaction ID: 11382373 Amount of Each Receipt this Period 250.00
D.	Full Name (Last, First, Middle Initial) Mr. Larry Walker Mailing Address 4848 Hastings Drive City Lake Oswego FEC ID number of contributing federal political committee. Name of Employer Legacy Mount Hood Medical Center Receipt For: Primary General Other (specify)	State OR C Occupation Trustee Aggregate	Zip Code 97035-5745	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		>	722.24
т	OTAL This Period (last page this line number or	nlv)	.	

0				FOR LINE NUMBER: PAGE 16 / 71
5	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
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Ar or	ny information copied from such Reports and Stator commercial purposes, other than using the r	atements may name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Skip Kriz			Date of Receipt
	Mailing Address 2095 Lakeview Drive			07 19 2005
	City	State	Zip Code	Transaction ID: 11382377
	Eugene	OR	97408-7207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer PeaceHealth	Occupation Chief Fin	n ancial Officer	7
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		050,00	7
	Other (specify)		250.00	
				**
В.	Full Name (Last, First, Middle Initial) Ms. Barbara A. Zappas			Date of Receipt
	Mailing Address 2168 SW Kings Court	M M / D D / Y Y Y Y		
		07 19 2005		
	City	State	Zip Code	Transaction ID: 11382378
	Portland	OR	97205-1118	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
		10		_
	Name of Employer Legacy Health System	Occupation		
			ce President Clinical Opera	<u>a </u>
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼		200.00	1
_	Full Name (Last, First, Middle Initial)			
C.				Date of Receipt
	Mailing Address 2700 SE Stratus Avenue	e 		07 19 2005
	City	State	Zip Code	Transaction ID: 11382385
	McMinnville	OR	97128-6498	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	 1	Ⅎ
	Name of Employer Willamette Valley Medical		ecutive Officer	
	Center Receipt For:		Year-to-Date ▼	-
	Primary General	, iggi ogalo		- I
	Other (specify)		250.00	
	(openij) ▼	0 0	0 0 0 0 0 0 0	4
1				750.00
S	UBTOTAL of Receipts This Page (optional)			750.00
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SC	CHEDULE A (FEC Form 3X)		Llas concrete cobodulo(s)	FOR LINE NUMBER: PAGE 17 / 71
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
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An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Mr. Mark Folger			Date of Receipt
	Mailing Address 2519 Meadowcreek Driv			07 19 7 2005
	City	State	Zip Code	Transaction ID: 11382386
	Medford	OR	97504-3666	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Asante Health System	Occupation Executive	n e Vice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)	0 0	250.00	
	Full Name (Last, First, Middle Initial) Mr. Roy G Vinyard, , II			Date of Receipt
	Mailing Address 515 Coachman Drive			07 19 7 2005
	City	State	Zip Code	Transaction ID: 11382390
	<u>Jacksonville</u>	OR	97530-9418	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Asante Health System	Occupation President	n t and Chief Executive Office	,
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0		
_	Full Name (Last, First, Middle Initial) Mr. G. Kent Ballantyne			Date of Receipt
	Mailing Address 5772 Bay Creek Drive			07 19 7 2005
	City	State	Zip Code	Transaction ID: 11382392
	Lake Oswego	OR	97035-6764	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Oregon Association of Hos-	Occupation	n	
	pitals & Heal		ce President	_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Ciriei (specily) 🔻	0 0		
SI	JBTOTAL of Receipts This Page (optional)			750.00
т	OTAL This Period (last page this line number or	าlv)		

PAGE 18/71 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** <u>|</u>17 13 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Date of Receipt Ms. Gwen Dayton Mailing Address 12781 SW Terraview Drive 07 2005 19 Zip Code City State Transaction ID: 11382396 **Tigard** OR 97224-0703 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Oregon Association of Hos-pitals & Heal Occupation Vice President & General Counsel Aggregate Year-to-Date ▼ Receipt For: General Primary 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Kevin Earls Date of Receipt Mailing Address 963 Parkway Drive NW 07 19 2005 City Zip Code Transaction ID: 11382397 State Salem OR 97304-3673 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Oregon Association of Hos-pitals & Heal Occupation Vice President, Finance & Health Polic Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) C. Mr. Craig A. Becker Date of Receipt Mailing Address 9616 Brunswick 2005 07 19 Citv State Zip Code Transaction ID: 11411275 **Brentwood** TN 37027-8467 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer Tennessee Hospital Associ-Occupation President ation Receipt For: Aggregate Year-to-Date ▼ General Primary 500.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 19/71
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Monty McLaurin			Date of Receipt
	Mailing Address 2000 Brookside Drive			07 19 2005
	City	State	Zip Code	Transaction ID: 11411277
	Kingsport FEC ID number of contributing federal political committee.	C	37660-4682	Amount of Each Receipt this Period 250.00
	Name of Employer Indian Path Medical Center	Occupation	n ecutive Officer	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
В.				Date of Receipt
	Mailing Address 421 South Main Street			07 19 2005
	City	State	Zip Code	Transaction ID: 11411278
	Crossville	TN	38555-5031	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Cumberland Medical Center	Occupation President	n t and Chief Executive Office	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Bruce W Steinhauer, M.D.			Date of Receipt
	Mailing Address 877 Jefferson Avenue			07 19 2005
	City Memphis	State TN	Zip Code 38103-2897	Transaction ID: 11411280 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	0.00 2007	500.00
	Name of Employer Regional Medical Center at Memphis Receipt For:	-	n t and Chief Executive Office e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
-	OTAL This Period (last nage this line number of	nlv)	•	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 20 / 71
		Use separate schedule(s) or each category of the		(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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Ar	ny information copied from such Reports and St for commercial purposes, other than using the	atements may	y not be sold or used by any person	on for the purpose of soliciting contributions
01	NAME OF COMMITTEE (In Full)	name and add	diess of any political committee to	Solicit Contributions from Such Committee.
	American Hospital Association PAC			
\angle	American Hospital Association FAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Thelma K. Traut			Date of Receipt
	Mailing Address 1080 Cedar Drive Cedar Lake Estates			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 11411281
	Camden	TN	38320-6033	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Baptist Memorial Hospital-	Occupation Vice Cha		
	Huntingdon Receipt For:	1100 0110	e Year-to-Date ▼	
	Primary General	/ iggi ogalo	Teal to Bate V	1
	Other (specify)		250.00	
				1
В.	Full Name (Last, First, Middle Initial) Ms. Mary Layne Van Cleave			Date of Receipt
	Mailing Address 1208 Brookview Drive			M M / D D / Y Y Y Y
				07 19 2005
	City	State	Zip Code	Transaction ID: 11411282
	Brentwood	TN	37027-8424	Amount of Each Receipt this Period
	FEC ID number of contributing	C		500.00
	federal political committee.			300.00
	Name of Employer	Occupation	n	
	Tennessee Hospital Association	Sr. Vice I		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)			J
<u> </u>	Full Name (Last, First, Middle Initial) Mr. James E Ross, FACHE			Date of Receipt
J.	Mailing Address 2200 Kernan Drive			M M / D D / Y Y Y Y
				07 19 2005
	City	State	Zip Code	Transaction ID: 11411322
	Baltimore	MD	21207-6665	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	С		250.00
	Name of Employer James Lawrence Kernan Hos-	Occupation		
	pital		ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)			J.
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,	UBTOTAL of Receipts This Page (optional)			1000.00
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 21 / 71
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Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Kenneth H Bancroft			Date of Receipt
	Mailing Address 1 Huntress Court			07 19 7 2005
	City	State	Zip Code	Transaction ID: 11411323
	Lutherville	MD	21093-4011	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer St. Agnes HealthCare	Occupation President	n t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	
	Other (specify)		300.00	
— В.	Full Name (Last, First, Middle Initial)			Date of Resoint
Ь.	Mr. Steve W Graddy Mailing Address 1102 West 32nd Street			Date of Receipt
	Mailing Address 1102 West 32nd Street			07 19 2005
	City	State	Zip Code	Transaction ID: 11412291
	Joplin	MO	64804	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1 1	
	federal political committee.	C		250.00
	Name of Employer Freeman Health System	Occupation		
	·	1 -	ancial Officer	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	' '	250.00	
	Cirici (specify) •			
<u> </u>	Full Name (Last, First, Middle Initial) Mr. William C. Schoenhard, FACHE			Date of Receipt
	Mailing Address 420 Fairwood Lane			M M / D D / Y Y Y Y
				07 19 2005
	City	State	Zip Code	Transaction ID: 11414276
	Kirkwood	MO	63122-4429	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer SSM Health Care	Occupation	P. & Chief Operating Officer	
	Receipt For:		Year-to-Date ▼	
	Primary General	7 1991 094110	1 1 1 1 1 1 1	1
	Other (specify)		1000.00	
				1
٩	UBTOTAL of Receipts This Page (optional)			1750.00
\vdash	ago (optional)			

0	CHEDIII E A /EEC Earm 2V)			FOR LINE NUMBER: PAGE 22 / 71
	CHEDULE A (FEC Form 3X)	Use separate schedule(s) or each category of the		(check only one)
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Δr	y information copied from such Reports and St	atements may	not he sold or used by any nerso	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
	American Hospital Association FAC			
	Full Name (Last, First, Middle Initial)			
A.	Mr. Jimmy J. Blessitt			Date of Receipt
	Mailing Address 121 E. Baker Street			M M / D D / Y Y Y Y
				07 19 2005
	City	State	Zip Code	Transaction ID: 11414300
	Indianola	MS	38751-2498	Amount of Each Receipt this Period
	FEC ID number of contributing			070.00
	federal political committee.	C		250.00
	Name of Employer South Sunflower County Ho-	Occupation		
	spital		rator & Chief Executive Office	e
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼		230.00	
_				
ь	Full Name (Last, First, Middle Initial)			Date of Baselot
В.	Mr. Eddie L. Foster			Date of Receipt
	Mailing Address 6425 Lakeover Road	07 19 2005		
	City	State	Zip Code	
	•		•	Transaction ID: 11414305
	Jackson	MS	39213-8008	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.			
	Name of Employer Mississippi Hospital Asso-	Occupation	n	
	Mississippi Hospital Association		erating Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		250.00	
				1
	Full Name (Last, First, Middle Initial)			
C.	Mr. Dan M. Harrison			Date of Receipt
	Mailing Address 110 South Lane			M M / D D / Y Y Y Y
	0::			07 19 2005
	City	State	Zip Code	Transaction ID: 11414307
	Newton	MS	39345-2908	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer	Occupation	 n	\dashv
	Name of Employer Rush Foundation Hospital		e Vice President	
	Receipt For:		e Year-to-Date ▼	_
	Primary General	. 1991 09410		1
	Other (specify)		250.00	
			0 0 0 0 0 0 0	1
。	UBTOTAL of Receipts This Page (optional)			750.00
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 / 71			
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			Detailed Summary Page	X 11a			
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions			
$\overline{}$	NAME OF COMMITTEE (In Full)						
\rangle	American Hospital Association PAC						
۹.	Full Name (Last, First, Middle Initial) Mr. Andrew Mayo			Date of Receipt			
	Mailing Address 5241 Boswell Road			07 19 7 2005			
	City Memphis	State TN	Zip Code 38120-1511	Transaction ID: 11414313			
	FEC ID number of contributing		30120-1311	Amount of Each Receipt this Period			
	federal political committee.	C		250.00			
	Name of Employer Parkwood Behavioral Health System	Occupation Chief Exe	n ecutive Officer				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼		250.00				
 3.	Full Name (Last, First, Middle Initial) Mr. William E Peaks			Date of Receipt			
	Mailing Address P O Box 1240			07 19 7 2005			
	City	State	Zip Code	Transaction ID: 11414316			
	Gulfport	MS	39502-1240	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		25.00			
	Name of Employer Garden Park Medical Center	Occupation Chief Exe	n ecutive Officer				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼		525.00				
	Full Name (Last, First, Middle Initial) Ms. Barbara Prichard			Date of Receipt			
	Mailing Address 121 E. Baker Street			0 7 1 9 2 0 0 5			
	City	State	Zip Code	Transaction ID: 11414319			
	Indianola	MS	38751-2498	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		250.00			
	Name of Employer South Sunflower County Ho-	Occupation					
	spital Receipt For:		Administrator Year-to-Date T	-			
	Primary General	Aggregate					
	Other (specify) ▼	0 0	250.00				
s	SUBTOTAL of Receipts This Page (optional)						
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 24 / 71
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Ar	ny information copied from such Reports and Statement for commercial purposes, other than using the name ar	s ma nd ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		у решение селиние се	
$ \rangle$	American Hospital Association PAC			
	American Hospital Association FAC			
	Full Name (Last, First, Middle Initial)			
A.	Mr. George F Lynn			Date of Receipt
	Mailing Address 11 Fischer Road			M M / D D / Y Y Y Y
	Oth.		7in Onda	07 08 2005
	City Sta Linwood NJ		Zip Code	Transaction ID: 11415994
		_	08221-1340	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			500.00
	rederal political committee.			
	Name of Employer AtlantiCare Occu	•		
	Pres		•	
		regate	e Year-to-Date ▼	
	Primary General		500.00	
	Other (specify) ▼			
	Full Name (Last, First, Middle Initial)			
В.	Mr. Robert Brehm			Date of Receipt
	Mailing Address 28 Fawnridge Drive			M M / D D / Y Y Y Y
				07 08 2005
	City	ite	Zip Code	Transaction ID: 11415997
	Long Valley NJ		07853-3248	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee			300.00
	federal political committee.			300.00
	Name of Employer Kessler Institute for Reh-	ıpatio	n	
	Kessler Instituté for Rehabilitation Pres	-		
		regate	e Year-to-Date ▼	
	Primary General	-	200.00	1
	Other (specify) ▼	0	300.00	
C	Full Name (Last, First, Middle Initial) Mr. Gary S. Carter, FACHE			Date of Receipt
٥.	Mailing Address 35 DeHart Drive			M M / D D / Y Y Y Y
	oo benan biive			07 08 2005
	City Sta	ıte	Zip Code	Transaction ID: 11415998
	Belle Mead NJ		08502-5419	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.			300.00
	Name of Employer Occu	ınatio	n	_
	New Jersey Hospital Assoc		t & Chief Executive Officer	
	iation		e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0	500.00	
_				
				1200.00
S	UBTOTAL of Receipts This Page (optional))	1300.00
T	OTAL This Period (last page this line number only)			

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 / 71 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Joseph P Coyle Mailing Address 46 Cypress Lane			Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Cedar Run	State NJ	Zip Code 08092-2839	Transaction ID: 11415999 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00092-2039	250.00
	Name of Employer Southern Ocean County Hospital Receipt For: Primary General Other (specify)		t and Chief Executive Officer Year-to-Date ▼ 250.00]
3.	Full Name (Last, First, Middle Initial) Mr. Sean J. Hopkins Mailing Address 6180 Lower Mountain R	oad		Date of Receipt 0 7 0 8 2 0 0 5
	City	State	Zip Code	Transaction ID: 11416000
	New Hope	PA	18938-5760	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.42
	Name of Employer New Jersey Hospital Association Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Health Economics Year-to-Date ▼ 437.51	
— Э.	Full Name (Last, First, Middle Initial) Mr. Alexander J. Hatala			Date of Receipt
	Mailing Address 1 Lucas Court			07 08 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Mt. Laurel	State NJ	Zip Code 08103-3101	Transaction ID: 11416006
	FEC ID number of contributing federal political committee.	C	08103-3101	Amount of Each Receipt this Period 500.00
	Name of Employer Our Lady of Lourdes Medic- al Center Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation President Aggregate		
S	UBTOTAL of Receipts This Page (optional)			780.42
T	OTAL This Period (last page this line number or	nly)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 26 / 71
	·		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. John P McGee			Date of Receipt
	Mailing Address 6 Old Mill Road			07 08 7 2005
	City	State	Zip Code	Transaction ID: 11416008
	Holmdel	NJ	07733-2315	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Solaris Health System	Occupation President	n t and Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General		1000.00	1
	Other (specify) ▼	0 0	1000.00	
— В.	Full Name (Last, First, Middle Initial) Ms. Donna R. Pizzulli			Date of Receipt
	Mailing Address 84 Steambank Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 11416041
	Freehold	NJ	7728	Amount of Each Receipt this Period
			1120	
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer	Occupation	1	
	New Jersey Hospital Association	Vice Pres	sident, Information Services	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		315.00	1
	Other (specify)	0 0	313.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Bruce M Gans, M.D.			Date of Receipt
	Mailing Address 6 Amherst Road			07 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 11416057
	Chatham	NJ	07928-1802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer	Occupation	1	7
	Name of Employer Kessler Institute for Reh- abilitation		· · Vice President and Chief M	led
	Receipt For:		Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify)		300.00	
s	UBTOTAL of Receipts This Page (optional))	1310.00
\vdash			·	

SC	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 27 / 71
			Use separate schedule(s) or each category of the	(check only one)
111	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, 0	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Jodi Bloch			Date of Receipt
	Mailing Address 207 N Spooner Street			07 19 7 2005
	City	State	Zip Code	Transaction ID: 11420322
	Madison	WI	53726-4034	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		520.00
	Name of Employer Wisconsin Hospital Associ- ation	Occupation Vice Pres	n sident, Government Relation	s l
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		520.00	1
	Other (specify) ▼		320.00	
3.	Full Name (Last, First, Middle Initial) Mr. Eric Borgerding			Date of Receipt
	Mailing Address 325 Glacier Ridge Tr			07 19 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 11420323
	Verona	WI	53593-1754	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		651.62
	Name of Employer Wisconsin Hospital Associ- ation	Occupation Sr. Vice I	n President, Government Affai	rs
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		651.62	
_	Full Name (Last, First, Middle Initial)			Date of Descipt
٠.	Ms. Laura Leitch Mailing Address 4222 Mandan Crescent			Date of Receipt
		0	7. 0.1	07 19 2005
	City Madison	State WI	Zip Code 53711-3062	Transaction ID: 11420324
		VVI	33711-3002	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		631.83
	Name of Employer Wisconsin Hospital Associ- ation	Occupation Vice Pres	n sident and General Counsel	
	Receipt For:		e Year-to-Date ▼	
	Primary General	1 1	601.00	1
	Other (specify) ▼	0 0	631.83	
SI	JBTOTAL of Receipts This Page (optional)			1803.45
т	OTAL This Period (last page this line number or	nlv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 28 / 71
ITEMIZED RECEIPTS			or each category of the	(check only one)
••	LIMIZED REGEN 10		Detailed Summary Page	X 11a 11b 11c 12
Δ.	y information copied from such Reports and Sta	tomonto mov	r not be cold or used by any nore	13 14 15 16 17
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	or for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Judith Warmuth			Date of Receipt
	Mailing Address 231 W School Street Route 4			07 19 2005
	City	State	Zip Code	Transaction ID: 11420325
	Belleville	WI	53508-9599	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		633.51
	Name of Employer Wisconsin Hospital Associ- ation	Occupation VP, Work	n kforce Development	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		633.51	
	Other (specify)	0 0		
В.	Full Name (Last, First, Middle Initial) Ms. Mary L. Gallagher			Date of Receipt
	Mailing Address 205 Fallis Road			07
	City	State	Zip Code	Transaction ID: 11422583
	Columbus	ОН	43214-3770	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Ohio Hospital Association	Occupation Vice Pres	n sident & General Counsel	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	7
	Other (specify)	0 0	230.00	
C.	Full Name (Last, First, Middle Initial) Mr. Raymond Grady, FACHE			Date of Receipt
	Mailing Address 2239 Charter Point Drive	е		07 19 2005
	City	State	Zip Code	Transaction ID: 11422584
	Arlington Heights	<u> </u>	60004-7226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Evanston Northwestern Hea- Ithcare	Occupation President	n , Hospitals and Clinics	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	7
	Other (specify)	0 0	33330	
	<u>'</u>			1122 51
\vdash	UBTOTAL of Receipts This Page (optional)			1133.51

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 29 / 71
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr. Robert Kanter			Date of Receipt
Mailing Address 740 Oakwood Avenue	07 19 2005		
City Dayton	State OH	Zip Code 45419-3339	Transaction ID: 11422588 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10110 0000	250.00
Name of Employer Health Alliance of Greater Cincinnati	Occupation Trustee	n	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) 3. Ms. Aurora Lambert			Date of Receipt
Mailing Address 12042 Cedarcreek Drive	07 19 7 2005		
City	State	Zip Code	Transaction ID: 11422589
<u>Cincinnati</u>	OH	45240-1002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Jewish Hospital	Occupation	n ice President	
Receipt For:		e Year-to-Date V	
Primary General		250.00	1
Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) Mr. George A. Schaefer, Jr.			Date of Receipt
Mailing Address 3200 Burnet Avenue			07 19 2005
City	State	Zip Code	Transaction ID: 11422592
Cincinnati	ОН	45229-3099	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Health Alliance of Greater	Occupation	n	
Cincinnati Receipt For:	Trustee Aggregate	e Year-to-Date ▼	\dashv
Primary General	33. 394.0		1
Other (specify)	0 0	250.00	
SUBTOTAL of Receipts This Page (optional)		·····	750.00
TOTAL This Period (last page this line number o	nly)		

PAGE 30 / 71 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Date of Receipt Mr. Robert Wile Mailing Address 185 N. Brookwood Avenue 07 2005 19 P.O. Box 1-3301 Zip Code City State Transaction ID: 11422594 **Hamilton** OH 45013-1211 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer University Hospital Occupation Chief Executive Officer Aggregate Year-to-Date ▼ Receipt For: Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Jeffrey L. Wyler Date of Receipt Mailing Address 3200 Burnet Avenue 07 19 2005 City Zip Code State Transaction ID: 11422595 Cincinnati OH 45229-3099 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Health Alliance of Greater Occupation Trustee <u>Cincinnati</u> Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) C. Mr. Terrance M. Burns Date of Receipt Mailing Address 75 Drew Court 2005 07 19 Citv State Zip Code Transaction ID: 11430144 Springboro OH 45066-8693 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Grandview Hospital and Me-Occupation Vice President, Finance dical Center Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)

SI	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 31 / 71
			Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	11c 12
			Detailed Garrinally Fage	13 14	15 16 17
An	ny information copied from such Reports and Sta	atements may	y not be sold or used by any perso	on for the purpose of solicit	ing contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from s	such committee.
\	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Ms. Mandy C Goble			Date of Receipt	
	Mailing Address 205 Palmer Avenue			0 7	2005
	City	State	Zip Code	Transaction ID: 11	430150
	Bellefontaine	OH	43311-2298	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Mary Rutan Hospital	Occupation	n t & Chief Executive Officer		
	Receipt For:		e Year-to-Date ▼		
	Primary General			1	
	Other (specify) ▼	0 0	250.00		
3.	Full Name (Last, First, Middle Initial) Mr. Robert L. Griffith			Date of Receipt	
	Mailing Address 3200 Burnet Avenue	0 7	2005		
	City	Transaction ID: 11	430151		
	Cincinnati	OH	45229-3099	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Fort Hamilton Hospital	Occupation Sr. Vice I	n President		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General			1	
	Other (specify) ▼	0 0	250.00		
) .	Full Name (Last, First, Middle Initial) Mr. Alexander Rodriguez			Date of Receipt	
	Mailing Address 2375 Titian Drive			07 19	2005
	City	State	Zip Code	Transaction ID: 11	430158
	Cincinnati	OH	45244-3205	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Jewish Hospital	Occupation VP Techi	n nology Integration		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	1 1	050.00	1	
	Other (specify) ▼		250.00		
s	UBTOTAL of Receipts This Page (optional)				750.00
_	OTAL This Daried (lost need this line needs	unlu ()			
- 1 '	OTAL This Period (last page this line number of	ли у)			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 71 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Thomas L Sieber Mailing Address 800 Forest Avenue City Zanesville FEC ID number of contributing federal political committee. Name of Employer Genesis HealthCare System Receipt For: Primary General Other (specify)		Zip Code 43701-2882 n t and Chief Executive Officer e Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Mr. Troy A. Tyner, DO Mailing Address 1181 Grand Portage Tra City Beavercreek FEC ID number of contributing federal political committee. Name of Employer Grandview Medical Center Receipt For: Primary General Other (specify)	State OH C Occupation Interim V	Zip Code 45385 n 7.P. Medical Affairs e Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
D.	Full Name (Last, First, Middle Initial) Ms. Sarah B. Buck Mailing Address 2052 Pinehurst Drive City Ames FEC ID number of contributing federal political committee. Name of Employer Mary Greeley Medical Center Receipt For: Primary General Other (specify)	State IA C Occupation Trustee Aggregate	Zip Code 50010-4561	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		·····	750.00
т	OTAL This Period (last page this line number or	nlv))	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 71 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. John Countzler Mailing Address PO Box 20007 City Owensboro FEC ID number of contributing federal political committee. Name of Employer Owensboro Medical Health System Receipt For: Primary General Other (specify)		Zip Code 42304-0007 n ng Manager Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Mr. Greg Kiser Mailing Address 1047 Daisy Lane City Louisa FEC ID number of contributing federal political committee. Name of Employer Three Rivers Medical Center Receipt For: Primary General		Zip Code 41230-9627	Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Hazard K		ye State KY	Zip Code 41701-1000	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Hazard ARH Regional Medic- al Center Receipt For: Primary General Other (specify) ▼		chief Executive Officer Year-to-Date 1000.00	
S	UBTOTAL of Receipts This Page (optional)			1900.00
Т	OTAL This Period (last page this line number o	nly)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 34 / 71 (check only one)
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Ms. Katie Vaughan			Date of Receipt
Mailing Address 10-B Auburn Court			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR1034595115356
Alexandria	VA	22305-2924	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		38.48
Name of Employer American Hospital Associa- tion-Washingt	Occupation	n e Director	
Receipt For:		e Year-to-Date ▼	7
Primary General Other (specify) ▼	0 0	288.60	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) 3. Ms. Melinda Reid Hatton			Date of Receipt
Mailing Address 325 Seventh Street, NW Suite 700	M M / D D / Y Y Y Y		
City	State	Zip Code	Transaction ID: PR1045726215356
Washington	DC	20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		76.94
Name of Employer American Hospital Associa- tion-Washingt	Occupation VP & Chi	n ief Washington Counsel	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		577.05	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) C. Ms. Sohini Jindal			Date of Receipt
Mailing Address 325 Seventh Street, NW	1		M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR1125613615356
Washington	DC	20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		45.46
Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior As	n ssociate Director	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	272.76	P/R Deduction (\$20.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)			160.88
TOTAL This Period (last page this line number or	nly)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 35 / 71
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and ado	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Lindsay Mac Robinson			Date of Receipt
	Mailing Address 107 East Lane			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327727315356
	Lake Barrington	<u> L</u>	60010-1939	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		76.94
	Name of Employer American Hospital Associa-	Occupation	n sident, PMGs	
	tion-Chicago Receipt For:		Year-to-Date ▼	-
	Primary General			P/R Deduction (\$40.00 Bi-
	Other (specify) ▼	0 0	538.58	Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Deborah F. Weiner			Date of Receipt
	Mailing Address 11004 Petersborough			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327745915356
	Rockville	MD	20852-3249	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.92
	Name of Employer American Hospital Associa-	Occupation	1	
	tion-Washingt		Grassroots Advocacy	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		545.52	P/R Deduction (\$40.00 Bi- Weekly)
 C.	Full Name (Last, First, Middle Initial) Mr. Neil J. Jesuele			Date of Receipt
	Mailing Address 1003 Kimberly Place			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327801715356
	Great Falls	VA	22066-1546	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		45.46
	Name of Employer American Hospital Associa-	Occupation	า	7
	tion-Washingt	Executive	e Vice President	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.03	P/R Deduction (\$20.00 Bi- Weekly)
	LUBTOTAL of Receipts This Page (optional)			213.32
_	ODITION OF THE CONTROL THIS I age (optional)			
T	OTAL This Period (last page this line number o	nly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 36 / 71
	EMIZED RECEIPTS		or each category of the	(check only one)
••	EMIZED REGENT 10		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δ,	ny information copied from such Reports and Stat	omente may	y not be sold or used by any perso	
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Pamela Austin Thompson, RN, MSN			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327812015356
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		45.46
	Name of Employer American Organization of	Occupation Executive		7
	Nurse Executi Receipt For:		Year-to-Date ▼	
	Primary General	00 0		P/R Deduction (\$20.00 Bi-
	Other (specify)		272.76	Weekly)
В.	Full Name (Last, First, Middle Initial) Ms. Ellen A. Pryga			Date of Receipt
	Mailing Address 2401 Calvert Street, NW			M M / D D / Y Y Y Y
	Apt. 1008			
	City	Transaction ID: PR327851915356		
	Washington	DC	20008-2614	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.46
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt		Policy Development	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	D/D D - du - di - r /000 00 Di
	Other (specify)	0 0	250.03	P/R Deduction (\$20.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Mark Seklecki			Date of Receipt
	Mailing Address 325 Seventh Street, NW			M M / D D / Y Y Y Y
	Suite 700			
	City	State	Zip Code	Transaction ID: PR327858015356
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		76.94
	Name of Employer American Hospital Associa-	Occupation		7
	tion-Washingt		e Director, AHAPAC	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		577.05	P/R Deduction (\$40.00 Bi- Weekly)
	Suite (openity) \			1,
s	UBTOTAL of Receipts This Page (optional)			167.86
1 I	OTAL This Period (last page this line number on	IV1		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 37 / 71
			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Richard J. Davidson			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327942115356
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		95.24
	Name of Employer American Hospital Associa-	Occupation Presiden		
	tion-Washingt Receipt For:		e Year-to-Date ▼	_
	Primary General		470.00	P/R Deduction (\$40.00 Bi-
	Other (specify)		476.20	Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Barbara Lorsbach			Date of Receipt
	Mailing Address 204 South 7th Avenue			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328136915356
	<u>La Grange</u>	<u> </u>	60525-6406	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.92
	Name of Employer American Hospital Associa-	Occupation	ⁿ President. Member Relations	
	tion-Chicago Receipt For:		e Year-to-Date ▼	'
	Primary General	199.19		P/R Deduction (\$40.00 Bi-
	Other (specify) ▼	0 0	500.06	Weekly)
	Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian			Date of Receipt
	Mailing Address 5545 N. Wayne			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR328223815356
	Chicago	IL	60640-1318	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer	Occupation	n	7
	American Hospital Associa- tion-Chicago	Vice Pres	sident	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		225.00	P/R Deduction (\$20.00 Bi-
	Other (specify)	0 0		Weekly)
S	UBTOTAL of Receipts This Page (optional)			236.16
т,	OTAL This Period (last page this line number or	nlv)		
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 38 / 71
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\geq	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Calbreith L. Simpson			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328224815356
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.34
	Name of Employer American Hospital Associa-	Occupation	n Executive	
	tion-Washingt Receipt For:		e Year-to-Date ▼	-
	Primary General			P/R Deduction (\$40.00 Bi-
	Other (specify)		500.04	Weekly)
3.	Full Name (Last, First, Middle Initial) Dr. James D. Bentley, Ph.D.			Date of Receipt
	Mailing Address 13106 Vingle Lane			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328224915356
	Silver Spring	MD	20906	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		76.94
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Sr. Vice I	n President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		577.05	P/R Deduction (\$40.00 Bi- Weekly)
— Э.	Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M * M / D * D / Y * Y * Y * Y
	City	State	Zip Code	Transaction ID: PR328260915356
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		153.88
	Name of Employer American Hospital Associa-	Occupation	n	
	tion-Washingt	Executive	e Vice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		1154.10	P/R Deduction (\$80.00 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)			314.16
			<u> </u>	
T	OTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 39 / 71
		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
		Detailed Guillinary Fage	13 14 15 16 17
Any information copied from such Reports and Sta	atements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Mr. Richard H. Wade			Date of Receipt
Mailing Address 1221 Cavalier Road			M M / D D / Y Y Y Y
Mailing Address 1221 Cavallet Hoad			WI WI / B B / T T T T
City	State	Zip Code	Transaction ID: PR328310415356
Arnold	MD	21012-2126	Amount of Each Receipt this Period
FEC ID number of contributing	С		76.94
federal political committee.			
Name of Employer American Hospital Associa-	Occupation		
tion-Washingt		President, Communications	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	' '	577.05	P/R Deduction (\$40.00 Bi- Weekly)
Carior (specify)	0 0	1 1 1 1 1 1 1 1	,
Full Name (Last, First, Middle Initial)			
Mr. Stephen M. Ahnen			Date of Receipt
Mailing Address 1001 N. Potomac St.			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR328312715356
Arlington	VA	22205-1629	Amount of Each Receipt this Period
FEC ID number of contributing			
federal political committee.	C		76.94
Name of Employer	Occupation	n	-
Name of Employer American Hospital Associa-		ice President	
tion-Washingt Receipt For:		e Year-to-Date ▼	
Primary General	00 0		P/R Deduction (\$40.00 Bi-
Other (specify) ▼		577.05	Weekly)
Full Name (Last, First, Middle Initial) Ms. Lori M. Schor			Date of Receipt
Mailing Address 325 Seventh Street, NV	V		M " M / D " D / Y " Y " Y
Suite 700 City	State	Zip Code	IDD200241015050
Washington	DC	20004-2818	Transaction ID: PR328341815356
		20004-2010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		76.94
Name of Employer American Hospital Associa-	Occupation		
tion-Washingt		Political Action & Grassroot e Year-to-Date ▼	_
Receipt For: Primary General	Aggregate	e rear-to-Date ▼	D/D D - 1 - 11 (0.40 00 D)
Other (specify)		577.05	P/R Deduction (\$40.00 Bi- Weekly)
			230.82
SUBTOTAL of Receipts This Page (optional)		·····	230.02
TOTAL This Period (last page this line number of	only)	>	

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 40 / 71		
	· ·	Use separate schedule(s) or each category of the		(check only one)		
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
				13 14 15 16 17		
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the i	atements may name and add	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
A.	Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina			Date of Receipt		
	Mailing Address 200 Clover Hill Court			M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR328511815356		
	Yardley	<u>PA</u>	19067-5736	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		41.68		
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional	n Executive			
	Receipt For:	_ <u> </u>	e Year-to-Date ▼			
	Primary General	-	750.08	P/R Deduction (\$47.60 Bi-		
	Other (specify)	0 0	750.08	Weekly)		
В.	Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell			Date of Receipt		
	Mailing Address 909 N. Madison St.			M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR328512015356		
	Arlington	VA	22205-1655	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		41.68		
	Name of Employer American Hospital Associa-	Occupation		7		
	tion-Washingt		sident, Media Relations			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		250.08	P/R Deduction (\$20.00 Bi- Weekly)		
	Full Name (Last, First, Middle Initial) Ms. Anne E. Ubl			Date of Receipt		
Ο.	Mailing Address 801 Pennsylvania Ave, #245	NW		M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR328767015356		
	Washington	DC	20004-2615	Amount of Each Receipt this Period		
	FEC ID number of contributing			90.00		
	federal political committee.	C		80.00		
	Name of Employer American Hospital Associa-	Occupation				
	tion-Washingt Receipt For:		sident, Federal Relations	_		
	Primary General	Aggregate	e Year-to-Date ▼	D/D D - 1 - 11 (0.40 00 D)		
	Other (specify) ▼		560.00	P/R Deduction (\$40.00 Bi- Weekly)		
[e	LUBTOTAL of Receipts This Page (optional)			163.36		
\vdash	ODITAL OF HOOGIPIS THIS Page (optional)					
Т.	OTAL This Period (last page this line number of	only)				

S	CHEDULE A (FEC Form 3X)		Llas seperate sebadula(s)	FOR LINE NUMBER: PAGE 41 / 71
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
^ -	information and formation Boards and Ob-			13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Rebecca Chickey			Date of Receipt
	Mailing Address AHA One North Franklin Street	et		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR329013415356
	Chicago	IL	60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.46
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Director,	n Psychiatric and Substance <i>I</i>	Ab
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.03	P/R Deduction (\$20.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese			Date of Receipt
	Mailing Address 500 Interstate Boulevard	I South		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR329215715356
	Nashville	TN	37210-4634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional	n Executive	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	560.00	P/R Deduction (\$40.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Tama Mattocks			Date of Receipt
	Mailing Address 325 Seventh Street, NW Liberty Place, Suite 700			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR330273415356
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior As	n ssociate Director	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		280.00	P/R Deduction (\$20.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			165.46
_				
T	OTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 42 / /1
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and S	Statements ma	v not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the	name and ad	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			_
Full Name (Last, First, Middle Initial) A. Mr. Paul N. Muraca			Date of Receipt
Mailing Address 4960 138th Circle Wes	st		M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR330475415356
Apple Valley	MN	55124-9229	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		80.00
Name of Employer American Hospital Associa-	Occupatio		
tion-Chicago . Receipt For:	, <u> </u>	Executive e Year-to-Date ▼	_
Primary General	Aggregati	c real to Bate V	P/R Deduction (\$40.00 Bi-
Other (specify) ▼		560.00	Weekly)
Full Name (Last, First, Middle Initial) 3. Dr. Donald Nielsen, MD	•		Date of Receipt
Mailing Address 195 Oxford Court			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR330524815356
Alamo	CA	94507-1753	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		76.94
Name of Employer American Hospital Associa-	Occupatio		
tion-Chicago Receipt For:	. '	ice President e Year-to-Date ▼	_
Primary General	Aggregate	e rear-lo-Dale V	P/R Deduction (\$40.00 Bi-
Other (specify) ▼		577.05	Weekly)
Full Name (Last, First, Middle Initial) 6. Ms. Jennifer E. Mallard			Date of Receipt
Mailing Address 6109 North 9th Road			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR330534315356
Arlington	VA	22205-1609	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		45.46
Name of Employer American Hospital Associa-	Occupatio		
tion-Washingt ·	, .	ciate Director	4
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D Deduction (\$20.00 B)
Other (specify) ▼		272.76	P/R Deduction (\$20.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)			202.40
		<u> </u>	
TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 43 / 71
	EMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δn	y information copied from such Reports and S	tatemente may	y not be sold or used by any pers	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Gene O'Dell			Date of Receipt
	Mailing Address 530 North Lakeshore D Unit 2303			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330547715356
	Chicago	IL	60611-7424	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		47.62
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice Pres	n sident, Strategic Planning	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		238.10	P/R Deduction (\$20.00 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330549215356
	Chicago	<u> </u>	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
		Occupation	n sident, Member Relations	50.00
	Name of Employer American Hospital Association-Chicago Receipt For:	Occupation Vice Pres		50.00
	Name of Employer American Hospital Association-Chicago	Occupation Vice Pres	sident, Member Relations	P/R Deduction (\$20.00 Bi-Weekly)
_	Name of Employer American Hospital Association-Chicago Receipt For: Primary General	Occupation Vice Pres	sident, Member Relations Year-to-Date	P/R Deduction (\$20.00 Bi-
_	federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ Full Name (Last, First, Middle Initial)	Occupation Vice Pres	sident, Member Relations Year-to-Date	P/R Deduction (\$20.00 Bi-Weekly)
_	federal political committee. Name of Employer American Hospital Associa- tion-Chicago Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Donald May Mailing Address 521 Great Falls Street City	Occupation Vice Pres Aggregate	sident, Member Relations Year-to-Date	P/R Deduction (\$20.00 Bi-Weekly) Date of Receipt
_	federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Donald May Mailing Address 521 Great Falls Street	Occupation Vice Pres Aggregate	sident, Member Relations Year-to-Date ▼ 225.00	P/R Deduction (\$20.00 Bi-Weekly) Date of Receipt
_	federal political committee. Name of Employer American Hospital Associa- tion-Chicago Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Donald May Mailing Address 521 Great Falls Street City	Occupation Vice Pres Aggregate	sident, Member Relations Year-to-Date ▼ 225.00 Zip Code	P/R Deduction (\$20.00 Bi-Weekly) Date of Receipt Transaction ID: PR331533215356
_	federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Donald May Mailing Address 521 Great Falls Street City Falls Church FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt	Occupation Vice Pres Aggregate State VA C Occupation Vice Pres	Zip Code 22046-2613	P/R Deduction (\$20.00 Bi-Weekly) Date of Receipt M M / D D / Y Y Y Y Transaction ID: PR331533215356 Amount of Each Receipt this Period
_	federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Donald May Mailing Address 521 Great Falls Street City Falls Church FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt Receipt For:	Occupation Vice Pres Aggregate State VA C Occupation Vice Pres	zident, Member Relations Year-to-Date ▼ 225.00 Zip Code 22046-2613	P/R Deduction (\$20.00 Bi-Weekly) Date of Receipt M M / D D / Y Y Y Y Transaction ID: PR331533215356 Amount of Each Receipt this Period
_	federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Donald May Mailing Address 521 Great Falls Street City Falls Church FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt	Occupation Vice Pres Aggregate State VA C Occupation Vice Pres	Zip Code 22046-2613	P/R Deduction (\$20.00 Bi-Weekly) Date of Receipt M M / D D / Y Y Y Y Transaction ID: PR331533215356 Amount of Each Receipt this Period
c.	federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Donald May Mailing Address 521 Great Falls Street City Falls Church FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt Receipt For: Primary General	State VA C Occupation Vice Pres Aggregate State VA C Aggregate Aggregate	Zip Code 22046-2613 Sident, Policy Year-to-Date 260.88	P/R Deduction (\$20.00 Bi-Weekly) Date of Receipt M M / D D / Y Y Y Y Transaction ID: PR331533215356 Amount of Each Receipt this Period 43.48 P/R Deduction (\$40.00 Bi-

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 44/71 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c Detailed Summary Page 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Kristin Welsh Date of Receipt Mailing Address 325 Seventh Street, NW M M / D D Suite 700 City State Zip Code **Transaction ID:** PR517619715356 Washington DC 20004-2818 Amount of Each Receipt this Period FEC ID number of contributing C 45.46 federal political committee. Name of Employer American Hospital Associa-tion-Washingt Occupation Sr. Associate Director Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 272.76 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	45.46
TOTAL This Period (last page this line number only)	<u> </u>	29862.84

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 71 (check only one) 11a 11b 11c X 12 13 14 15 16 17
An or	ly information copied from such Reports and Stat for commercial purposes, other than using the na	copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions all purposes, other than using the name and address of any political committee to solicit contributions from such committee.		
\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) New York Hospital & Healthcare Assoc. FED PAC Mailing Address One Empire Drive City Rensselaer FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	Occupation	Zip Code 12144 0160259 n e Year-to-Date ▼	Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Health Alliance of PA PAC - Federal Mailing Address Post Office Box 8600 City Harrisburg FEC ID number of contributing federal political committee.	State PA C Coo	Zip Code 17105-8600 0128082	Date of Receipt M M
	Name of Employer Receipt For: Primary General Other (specify)	Occupation Aggregate	Year-to-Date ▼ 62000.00	

SUBTOTAL of Receipts This Page (optional)	•	22000.00
TOTAL This Period (last page this line number only)	<u> </u>	22000.00

FOR LINE NUMBER: PAGE 46 / 71 Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 **X** 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Citibank, F.S.B. Date of Receipt Mailing Address 1400 G Street, NW 2005 07 29 City Zip Code State Transaction ID: 11434754 Washington DC 20005 Amount of Each Receipt this Period FEC ID number of contributing C 164.75 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Bank Interest Received 1247.29 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	164.75
TOTAL This Period (last page this line number only)	•	164.75

	CHEDULE B (FEC FOIIII 3X)	Use seperate schedule(s	s)	FOR LINE (check only		PAGE 47 / 71
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 21b 27	22 23 28a 28b	
	y Information copied from such Reports and State for commercial purposes, other than using the na					
	NAME OF COMMITTEE (In Full) American Hospital Association PAC	and dadress of any pointer	<u></u>			
Α.	Full Name (Last, First, Middle Initial) Merchant Bankcard				Transaction II Date of Disbur	sement
	Mailing Address 1601 Elm Street				07	2003
	City Dallas	State Zip Code TX 75201			Amount of Eac	ch Disbursement this Period
	Purpose of Disbursement Bank Fees Candidate Name		C	001 ategory/		3.50
	Office Sought: House Senate President State: Disburg	sement For: Primary General Other (specify) ▼		Туре	Bank Fees	
— В	Full Name (Last, First, Middle Initial)				Transaction II	 D: 11434751
В.	American Express				Date of Disbur	
	Mailing Address Ste. 001				0 7	11 2005
	City Chicago	State Zip Code IL 60679			Amount of Eac	ch Disbursement this Period
	Purpose of Disbursement Bank Fees		Ιг	001		28.50
	Candidate Name		Ca	ategory/ Type		
	Office Sought: House Disbur. Senate President State: District:	sement For: Primary General Other (specify) ▼			Bank Fees	
C.	Full Name (Last, First, Middle Initial) Citibank, F.S.B.				Transaction II Date of Disbur	rsement
	Mailing Address 1400 G Street, NW				07	19 / 2005
	City Washington	State Zip Code DC 20005			Amount of Eac	ch Disbursement this Period
	Purpose of Disbursement Bank Fees			001		69.46
	Candidate Name		C	ategory/ Type		
	Office Sought: House Senate President State: Disbura	sement For: Primary General Other (specify) ▼	1		Bank Fees	
9	UBTOTAL of Disbursements This Page (optional	 D		▶		101.46
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		Detailed Summary Page	27	28a 28b 28c 29 30b
	y Information copied from such Reports and Stater for commercial purposes, other than using the name	,	• •	, ,
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)			Transaction ID: 11422681
۹.	Public Opinion Strategies			Date of Disbursement
	Mailing Address 214 North Fayette Stree	t		$\begin{bmatrix} 0 & 7 & M \end{bmatrix}$ $\begin{bmatrix} 0 & 2 & 7 \end{bmatrix}$ $\begin{bmatrix} 1 & 2 & 0 & 0 & 0 & 5 & 1 \end{bmatrix}$
	City Alexandria	State Zip Code VA 22314		Amount of Each Disbursement this Period
	Purpose of Disbursement	Г	•	9800.00
	Polling, portion in-kind to Hart. See S		005	
	Candidate Name		Category/ Type	
	Office Sought: House Disburs	ement For:		Polling portion in-kind
	Senate	Primary General		Polling, portion in-kind to Hart. See Sept report.
	President	Other (specify)		
	State: District:			

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	y Information copied from such Reports and Stater for commercial purposes, other than using the nam														IS
abla	NAME OF COMMITTEE (In Full)														
\rangle	American Hospital Association PAC														
Α.	Full Name (Last, First, Middle Initial) Talent For Senate Committee							Trans					341		
	Mailing Address 147 N Meramec Suite 10	00						0 ^M 7	М	/ [0 7	′	Y Ž	0 0 5	5 ^Y
	City St Louis	State MO	Zip Code 63105					Amou	ınt o	f Ead	ch D	isburs	emen	t this	Period
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	Candidate Name Sen. James M. Talent				ate	egory/ vpe	1								
		ement For: Primary Other (spe	2006 General					Contr	ibut	tion					
	State: MO District: 2 Full Name (Last, First, Middle Initial)							T			D. 1	1000	050		
В.	Walden For Congress Inc							Trans Date			sem	ent		, · · · · · · · · · · · · · · · · · · ·	Y
	Mailing Address PO Box 1091							0 7		Ĺ	0 7] [2	o ŏ ŧ	5
	City Hood River	State OR	Zip Code 97031					Amou	ınt o	f Ead	ch D	isburs		t this	
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	Candidate Name Rep. Greg Walden					egory/ vpe									
	Senate X President	ement For: C Primary Other (spe	2006 General					Contr	ibut	tion					
	State: OR District: 2														
C.	Full Name (Last, First, Middle Initial) Sue Kelly For Congress							Trans Date	of D	isbuı	sem	ent			
	Mailing Address PO Box 599							0 7	М	/ [0 7		ž	0 0 5	5 1
	City Katonah	State NY	Zip Code 10536					Amou	ınt o	f Ead	ch D	isburs			Period
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	y Information copied from such Reports and for commercial purposes, other than using the								
\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAC								
۹.	Full Name (Last, First, Middle Initial) Lincoln Davis For Congress				Date of Disbu	ID: 11334523 irsement			
	Mailing Address PO Box 350				0 7	07 2005			
	City Jamestown		Zip Code 38556		Amount of Ea	ch Disbursement this Period			
	Purpose of Disbursement Contribution			011		1000.00			
	Candidate Name Rep. Lincoln Davis			Category/ Type					
	Office Sought: X House Senate President State: TN District: 4	visbursement For: X Primary Other (specif	2006 General y) ▼		Contribution				
3.	Full Name (Last, First, Middle Initial) Regula For Congress Committee				Transaction Date of Disbu	ID: 11333880 irsement			
	Mailing Address 228 S. Washington	n St. Ste. 115			07	1 1 Y 2 0 0 5 Y			
	City Alexandria	State Z		Amount of Ea	ch Disbursement this Period				
	Purpose of Disbursement Void of 9/9/2004 Contribution			011		-1000.00			
	Candidate Name Rep. Ralph Regula			Category/ Type					
	Senate President	Primary X Other (specif			Void of 9/9/2 tion	2004 Contribu-			
	Full Name (Last, First, Middle Initial)					ID: 11333869			
•	Volunteer PAC Mailing Address 2000 Glen Echo				Date of Disbu	T 1 1 Y Y Y O O 5			
	Suite 107	State Z	Zip Code		Amount of Fa	ch Disbursement this Period			
	Nashville		37215		7 thouse of Le	-5000.00			
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or	for commercial purposes, other than using the na	ne and address of any politica	l com	ım	ittee to so	olicit conti	ibuti	ions fr	om su	ch com	mittee	
	NAME OF COMMITTEE (In Full)											
	American Hospital Association PAC											
Α.	Full Name (Last, First, Middle Initial)									3847		
	Billy Tauzin Committee					M	_	isburs	ement 1	Υ	YY	Υ
	Mailing Address 2900 M Street, NW #30	00				0 7	_	1	1		ž 0 Ď !	5
	City	State Zip Code				Amou	int o	f Each	Disbu	ırseme	nt this I	Period
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	Candidate Name Rep. W. (Billy) J. Tauzin				egory/ /pe							
	Senate	sement For: 2004 Primary General	•			Void ution	of 9	/12/20	003 C	ontrib)-	
		X Other (specify) ▼ Primary Congres										
_	Full Name (Last, First, Middle Initial)	a.y congres				Trans	eacti	ion ID:	: 1144	5021		
B.	Norwood For Congress					Date		isburs			v	V
	Mailing Address PO Box 499					0 7	IVI		1 ′		ž 0 0 š	5 '
	City Evans	State Zip Code GA 30809				Amou	int o	f Each	Disbu	ırseme	nt this I	Period
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	Candidate Name Rep. Charles W. Norwood		Ca	ate	egory/ /pe							
	X X	sement For: 2006 X Primary General Other (specify)	•			Void on	of 3.	/3/05	contr	ibuti-		
	State: GA District: 9											
C.	Full Name (Last, First, Middle Initial) Julia Carson For Congress Committee							i on ID : isburs	: 1133 ement	3841		
	Mailing Address P.O. Box 44088 740 Market Square Cer	nter				0 ^M 7	М	/ D	1 /	Y	ž 0 Ŏ ŧ	5 Y
	City Indianapolis	State Zip Code IN 46244				Amou	int o	f Each	Disbu	ırseme	nt this I	Period
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	y Information copied from such Reports and Si for commercial purposes, other than using the														ns
abla	NAME OF COMMITTEE (In Full)														
$ \rangle$	American Hospital Association PAC														
Α.	Full Name (Last, First, Middle Initial) Mike Mcintyre For Congress							Trans Date					8843		
	Mailing Address P.O. Box 1							0 ^M 7	М	/ [11		Y	ž 0 Ŏ	5 ^Y
	City Lumberton	State NC	Zip Code 28359					Amou	int o	f Ea	ch D	isbur			Period
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В.	Brian Baird For Congress							Date		isbu	-	nent		ΥΥΥ	_ Y
	Mailing Address PO Box 5016							0 7		L	1 1		2	žoŏ	5
	City Vancouver	State WA	Zip Code 98668					Amou	int o	f Ea	ch D	isbur	seme		Period
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C.	Full Name (Last, First, Middle Initial) Mikulski For Senate Committee							Trans Date	of D	isbu	rsem	nent			
	Mailing Address P O B 13147							0 ^M 7	М	/ [11		2	ž 0 Ŏ	5 ^Y
	City Baltimore	State MD	Zip Code 21203					Amou	int o	f Ea	ch D	isbur			Period
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Transaction ID: 11333851 Date of Disbursement Void of 9/16/2003 Contribution Candidate Name State: MD Disbursement State: MD Disbursement Name (Last, First, Middle Initial) B. Friends Of Rosa Delauro Mailing Address 49 Huntington Street City State President State: MD Disbursement Void of 6/6/2003 Contribution State: MD Disbursement Void of 6/6/2003 Contribution Mailing Address A9 Huntington Street City State President State: MD Disbursement Void of 6/6/2003 Contribution State: MD Disbursement Void of 6/6/2003 Contribution Candidate Name Rep. Rosa L. DeLauro Office Sought: Void of 6/6/2003 Contribution Candidate Name Rep. Rosa L. DeLauro Office Sought: Void of 6/6/2003 Contribution Candidate Name Rep. Rosa L. DeLauro Disbursement For: Disbursement For: Disbursement Void of 6/6/2003 Contribution Candidate Name Rep. Rosa L. DeLauro Office Sought: Void of 6/6/2003 Contribution Candidate Name Rep. Rosa L. DeLauro Disbursement For: Disbur	S	CHEDULE B (FEC Form 3X)	Use sep	erate schedule(s)			R LINE		R:			PAGI	E 53/	71
And Commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full!) American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Mikulski For Senate Committee Melling Address P O B 13147 City State Zip Code Baltimore MD 21203 Purpose of Disbursement Void of 9162003 Contribution Candidate Name Sen. Barbara A. Mikulski Office Sought: House Visite (Sepolity) ▼ State: MD District: 2 2004 Primary General Void of 9162003 Contribution City State: MD District: 2 2004 Primary Congres Full Name (Last, First, Middle Initial) B. Friends Of Rosa Delauro Malling Address 49 Huntington Street City New Haven CT 06511 Purpose of Disbursement Void of 66/2003 Contribution Candidate Name Rep. Rosa L. Del Jauro Office Sought: X House Senate President State: CT District: 3 City Senate President State: CT District: 3 City Clarion Maling Address Po Box 71 City Clarion Senate President State: To Congress Maling Address PO Box 71 City Clarion General X Other (specify) ▼ State Zip Code Primary General X Other (specify) ▼ Category' Type Void of 6/6/2003 Contribution Candidate Name Rep. Rosa L. Del Jauro Office Sought: X House Senate President State: To District: 3 City Clarion Javantor of Each Disbursement this Period City Clarion Javantor of Each Disbursement this Period City Clarion Javantor of Each Disbursement this Period Amount of Each Disbursement this Period Category' Type Office Sought: X House President State: IA District: 4 Disbursement For: 2004 Primary General X Other (specify) ▼ Void of 9/22/2004 Contribution Cardidate Name President Senate President X Other (specify) ▼ Void of 9/22/2004 Contribution Cardidate Name President Senate President X Other (specify) ▼ Void of 9/22/2004 Contribution Cardidate Name President Senate President X Other (specify) ▼ Void of 9/22/2004 Contribution	IT	EMIZED DISBURSEMENTS					21b	22	X					26 30b
NAME OF COMMITTEE (In Full) American Hospital Association PAC														ns
Full Name (Last, First, Middle Initial) A Mikulski For Senate Committee Mailing Address P O B 13147 City State Zip Code Baltimore MD 21203 Purpose of Disbursement Void of 916/2003 Contribution Candidate Name Sen. Barbara A. Mikulski Office Sought: House X Senate President State: MD Disbursement For: 2004 Primary Congres Full Name (Last, First, Middle Initial) B. Friends Of Rosa Delauro City State Zip Code Barbara A. Mikulski Office Sought: House X Senate President State: The Disbursement For: 2004 Primary Congres Full Name (Last, First, Middle Initial) B. Friends Of Rosa Delauro City State Zip Code CT 06511 Purpose of Disbursement City Category' Type Office Sought: X House President Senate President State: CT District: 3 2004 Primary Congres Full Name (Last, First, Middle Initial) State: CT District: 3 2004 Primary Congres Full Name (Last, First, Middle Initial) City State Zip Code Contribution Candidate Name President State: CT District: 3 2004 Primary Congres Full Name (Last, First, Middle Initial) City State: CT District: 3 2004 Primary Congres Full Name (Last, First, Middle Initial) City State Zip Code Clarion ID: 11333886 Date of Disbursement Tity Period Void of 6/6/2003 Contribution City State: CT District: 3 2004 Primary Congres Full Name (Last, First, Middle Initial) City State Zip Code Clarion ID: 11333886 Date of Disbursement Tity Zip				oo o. a, ponioa.										
Mikulski For Senate Committee Mailing Address POB 13147 City State Zip Code Baltimore Purpose of Disbursement Void of 916/2003 Contribution Candidate Name Sen. Barbara A. Mikulski Office Sought: House President State: MD District: 2 2004 Primary General Primary Gen	\rangle	• • •												
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City Baltimore MD Z1203 Purpose of Disbursement Void of 9/16/2003 Contribution Candidate Name President President State: CT District: 3 Candidate Name Rep. Thomas P. Latham Por Congress State: CT District: 3 City State Zip Code Primary Congres State Zip Code Primary Congres Amount of Each Disbursement this Period Candidate Name Rep. Thomas P. Latham Office Sought: A House Disbursement For: 2004 Primary Congres Amount of Each Disbursement this Period Ution 1011 Category/ Type Void of 9/16/2003 Contribution Category/ Type Transaction ID: 11333840 Date of Disbursement District 2 Amount of Each Disbursement this Period Ution Transaction ID: 11333840 Date of Disbursement this Period Office Sought: A mount of Each Disbursement this Per	Α.	Mikulski For Senate Committee										-	V . V	V
Baltimore MD 21203 Purpose of Disbursement Void of 9/16/2003 Contribution Candidate Name Sen. Barbara A. Mikulski Office Sought: House President President State: MD District: 2 2004 Primary Congres Full Name (Last, First, Middle Initial) Friends Of Rosa Delauro Mailing Address 49 Huntington Street City New Haven CT 06511 Purpose of Disbursement Void of 6/6/2003 Contribution Candidate Name Rep. Rosa L. DeLauro Office Sought: X House Disbursement For: 2004 Primary Congres Transaction ID: 11333840 Date of Disbursement this Period Amount of Each Disbursement this Period Void of 6/6/2003 Contribution Candidate Name Rep. Rosa L. DeLauro Office Sought: X House Disbursement For: 2004 Primary General Void of 6/6/2003 Contribution Candidate Name President Senate President Sanate President Sought: 2004 Primary Congres Transaction ID: 11333886 Date of Disbursement this Period Void of 6/6/2003 Contribution Candidate Name Rep. Thomas P. Latham Office Sought: Name (Last, First, Middle Initial) Candidate Name Rep. Thomas P. Latham Office Sought: Vide of Sought: Vide		Mailing Address P O B 13147						0 7		์ี่ 1	1 1		200	5
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B. Full Name (Last, First, Middle Initial) Friends Of Rosa Delauro Mailing Address 49 Huntington Street City New Haven CT 06511 Purpose of Disbursement Void of 6/6/2003 Contribution Candidate Name Rep. Rosa L. Del auro Office Sought: State: CT District: 3 Zity Code CT 06511 City New Haven CT 06511 Category/ Type Amount of Each Disbursement this Period Void of 6/6/2003 Contribution Candidate Name Rep. Rosa L. Del auro Office Sought: State: CT District: 3 Zity Code President State: CT District: 3 Zity Code Primary General X Other (specify) ▼ Zity Code Clarion Candidate Name Rep. Thomas P. Latham Office Sought: X House Senate Purpose of Disbursement Void of 9/22/2004 Contribution Candidate Name Rep. Thomas P. Latham Office Sought: X House Senate President X Other (specify) ▼ Zity Code Clarion Candidate Name Rep. Thomas P. Latham Office Sought: X House Senate Primary General X Other (specify) ▼ Zity Code Clarion Candidate Name Rep. Thomas P. Latham Office Sought: X House Senate President X Other (specify) ▼ Zity Code Candidate Name Rep. Thomas P. Latham Office Sought: X House Senate President X Other (specify) ▼ Zity Zity Zity Zity Zity Zity Zity Zity		X Senate President	Primary X Other (spe	General ecify)					of 9,	/16/2	003 (Contrib)-	
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Senate Primary General X Other (specify) ▼ 2004 Primary Congres Full Name (Last, First, Middle Initial) Latham For Congress Mailing Address PO Box 71 City State Zip Code Clarion IA 50525 Purpose of Disbursement Void of 9/22/2004 Contribution Candidate Name Rep. Thomas P. Latham Office Sought: X House Primary General X Other (specify) ▼ State: IA District: 4 Primary General Void of 8/8/2003 Contribution Transaction ID: 11333886 Date of Disbursement 0 7 M / 0 1 1 1 / 2 2 0 0 5 Y Amount of Each Disbursement this Period 1011 Category/Type Void of 9/22/2004 Contribution Candidate Name Rep. Thomas P. Latham Office Sought: X House Primary General X Other (specify) ▼ State: IA District: 4 2004 General Congres						-	- 1							
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\rangle	American Hospital Association PAC														
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	Mailing Address PO Box 12703							0 ^M 7	М	/ [1 8	/	Y	ž 0 Ŏ :	5 ^Y
	City San Antonio	State TX	Zip Code 78212					Amou	ınt o	f Ea	ch D	isburs	semer	nt this	Period
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B.	Friends Of John Tanner Mailing Address Post Office Box 1994							Date 0 7	of D		rsem	/	Y	ž 0 Ď :	5 Y
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	City Union City	State TN	Zip Code 38281					Amou	ınt o	f Ea	ch D	isburs		nt this	
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	Candidate Name Rep. John S. Tanner			С		egory/ /pe									
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C.	Snowe For Senate							Date	of D				Υ ,	YY	Υ
	Mailing Address P.O. Box 2006							0 7		L	2 0		2	žοŏ	5
	City Portland	State ME	Zip Code 04104					Amou	ınt o	f Ea	ch D	isburs		nt this	
	Purpose of Disbursement Contribution				_	11]		0					1000.	00
	Candidate Name Sen. Olympia J. Snowe			С		egory/ /pe									
	Office Sought: House Disburse X Senate President State: ME District: 1	ement For: Primary Other (spe	2006 X General ecify) ▼					Contr	ibu	tion					
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SCHEDULE B (FEC Form 3X)	Use seperate schedule	S) I (chook or	E NUMBER: PAGE 64 / 71
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	' lè	22 X 23 24 25 26 28a 28b 28c 29 30c
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NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. John Lewis For Congress			Transaction ID: 11378881 Date of Disbursement
Mailing Address 2015 Wallace Rd. Sw			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Atlanta	State Zip Code GA 30331		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. John Lewis		Category/ Type	
Senate X President	ement For: 2006 Primary General Other (specify)	ıl	Contribution
State: GA District: 5 Full Name (Last, First, Middle Initial)			Transaction ID: 11378891
B. Goode For Congress			Date of Disbursement
Mailing Address 235 South Main Street			
City Rocky Mount	State Zip Code VA 24151		Amount of Each Disbursement this Period 1000.00
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Rep. Virgil H. Goode, Jr.		Category/ Type	
Senate X President	ement For: 2006 Primary General Other (specify)	J.	Contribution
State: VA District: 5 Full Name (Last, First, Middle Initial)			
C. Lewis For Congress Committee			Transaction ID: 11378887 Date of Disbursement
Mailing Address P.O. Box 247			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Redlands	State Zip Code CA 92373	_	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	5000.00
Candidate Name Rep. Jerry Lewis		Category/ Type	
	ement For: 2006 Primary General Other (specify)	ıl	Contribution
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NAME OF COMMITTEE (In Full)									
American Hospital Association PAC									
Full Name (Last, First, Middle Initial) A. Marion Berry For Congress					Transac Date of	tion ID:		867	
Mailing Address P.O. Box 8084					0 7 M	/ D2		Ý ŽOŎ	5 ^Y
City	State	Zip Code			Amount	of Each	Disburs	ement this	Period
Jonesboro	AR	72403						1000	00
Purpose of Disbursement Contribution				011				1000	.00
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	rsement For: X Primary Other (spec	2006 General			Contrib	ution			
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Full Name (Last, First, Middle Initial) B. DAKPAC					Transac Date of	tion ID: Disburse		834	
Mailing Address 607 14th St., NW Suite 800					0 ^M 7 M	[/] 2	0 /	žoŏ	5 ^Y
City Washington	State DC	Zip Code 20005			Amount	of Each	Disburs	ement this	Period
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Full Name (Last, First, Middle Initial) C. Schwarz For Congress					Transac Date of	tion ID:		885	
Mailing Address Post Office Box 2063					0 7	[/] 2	0 /	žoŏ	5 ^Y
City Battle Creek	State MI	Zip Code 49016			Amount	of Each	Disburs	ement this	Period
Purpose of Disbursement Contribution				011	<u> </u>			1000	.00
Candidate Name Rep. Joe Schwarz, M.D.				tegory/ ype					
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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
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NAME OF COMMITTEE (In Full)	71		
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Freedom Fund			Transaction ID: 11378835 Date of Disbursement
Mailing Address 128 N. Columbus Street			07
	State Zip Code VA 22314		Amount of Each Disbursement this Period
Purpose of Disbursement 2005 Contribution		011	2500.00
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify)		2005 Contribution
State: District: Full Name (Last, First, Middle Initial)			Transaction ID: 11378857
B. Friends Of George Allen			Date of Disbursement
Mailing Address PO Box 6859			07 M / 20 / Y 2005
Arlington	State Zip Code VA 22206		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Sen. George F. Allen		Category/ Type	
· —	ement For: 2006 Primary General Other (specify)		Contribution
State: VA District: 2			
Full Name (Last, First, Middle Initial) C. Udall For Us All			Transaction ID: 11427639 Date of Disbursement
Mailing Address P.O. Box 208			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} & \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 6 \end{smallmatrix} \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 5 \end{smallmatrix} \end{bmatrix}$
	State Zip Code NM 87504		Amount of Each Disbursement this Period
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Candidate Name Rep. Tom Udall		Category/ Type	
	ement For: 2006 Primary General Other (specify)		Contribution
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_	Full Name (Last, F Friends Of Roy								ate of	Disburs				V	
	Mailing Address	PO Box 50100							07	/ D	2 6 /	` 2	0 Ď 5		
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	Candidate Name Rep. Roy Blunt						tegory/ ype								
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	Candidate Name Rep. Roy Blunt					Ca	tegory/ ype								
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$ \rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC												
K	American riospital Association r Ao												
Α.	Full Name (Last, First, Middle Initial)										7686		
Α.	Lobiondo For Congress								isburs / D		V	V . V	V
	Mailing Address PO Box 775						0 ^M 7	IVI	້ _ ້2	2 6		ž 0 Ď !	5
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	Rep. Frank A. LoBiondo			T	ype								
	X	sement For: 2006 K Primary General					Contr	ibut	ion				
	President	Other (specify)											
	State: NJ District: 2												
В.	Full Name (Last, First, Middle Initial)										7629		
υ.	The Political Hall of Fame PAC							of Di м	isburs		V	V . V .	V
	Mailing Address 1717 Dixie Highway Sui	te 180					0 7	IVI		2 6		žoŏ:	5 '
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	Full Name (Last, First, Middle Initial)						_			4440	7000		
C.	IMPACT								on וט: isburs:	: 1142 ement	7632		
	Mailing Address 509 Madison Ave.						0 ^M 7	М	^D 2	2 6 /	Y	ž o ŏ !	5 ^Y
	Suite 1902 City	State Zip Code		_			Amou	int of	f Each	Diebu	reeme	nt this	Pariod
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American Hospital Association PAC							
Full Name (Last, First, Middle Initial)				tion ID: 1142	-		
Cantor For Congress				Disbursement		Y Y	1
Mailing Address P. O. Box 17813			0 7	27	2 (0 0 5	
City Richmond	State Zip Code VA 23226		Amount	of Each Disbu	ursement	this Per	riod
Purpose of Disbursement	VA 23220				10	00.00	
Contribution		011					
Candidate Name Rep. Eric I. Cantor		Category/ Type					
Senate X President	ement For: 2006 Primary General Other (specify)		Contribu	ution			
State: VA District: 7 Full Name (Last, First, Middle Initial)			_		20070		
3. Simmons For Congress			Date of I	tion ID: 1142 Disbursement			
Mailing Address P.O. Box 268 Drawer 27	1		07	[/] 27 ^D	ž) 0 5 °	
City Stonington	State Zip Code CT 06378		Amount	of Each Disbu	ursement	this Per	riod
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Contribution Candidate Name		011 Category/					
Rep. Robert R. Simmons		Туре					
Senate X President	ement For: 2006 Primary General Other (specify)		Contribu	ution			
State: CT District: 2 Full Name (Last, First, Middle Initial)			_				
Hoosiers Supporting Buyer For Congress			Date of I	tion ID: 1142 Disbursement			
Mailing Address 200 North Main St. P.O	Box 712		07	[/] 27	Ý Ž () Ď 5 Ť	
City Monticello	State Zip Code IN 47960		Amount	of Each Disbu	ursement	this Per	riod
Purpose of Disbursement Contribution		011			10	00.00	
Candidate Name Rep. Steve Buyer		Category/ Type					
Office Sought: X House Disburs	ement For: 2006 Primary General Other (specify)	. 1100	Contribu	ution			
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American Hospital Association PAC								
Full Name (Last, First, Middle Initial)				ion ID: 1142	2680			
Barrett For Congress				Disbursement	V . V .	V ° V	1	
Mailing Address P.O. Box 869 PO Box 869			07	²⁷ /	20	05		
City Westminster	State Zip Code SC 29693		Amount o	of Each Disbu	rsement t	his Per	riod	
Purpose of Disbursement		* *			10	00.00		
Contribution Candidate Name		011						
Rep. J. Gresham Barrett		Category/ Type						
Senate President	ement For: 2006 Primary General Other (specify)		Contribu	tion				
State: SC District: 3 Full Name (Last, First, Middle Initial)					0070			
Buckeye PAC				tion ID: 1142 Disbursement	26/2			
Mailing Address 856 Macon Alley			0 7 M	/ D 7 /	y y o	05]	
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City Columbus	State Zip Code OH 43206		Amount o	of Each Disbu	rsement t	his Per	riod	
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2005 Contribution Candidate Name		011 Category/ Type						
Office Sought: House Senate President State: District:	ement For: Primary General Other (specify)		2005 Co	ntribution				
Full Name (Last, First, Middle Initial)			Transact	ion ID: 1144	4401			
Hoosiers Supporting Buyer For Congress				Disbursement		V * V	,	
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$\overline{\ }$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)			Transaction ID: 11444397
۹.	Mike Pence Committee			Date of Disbursement
	Mailing Address P. O. Box 408			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Anderson	State Zip Code IN 46015		Amount of Each Disbursement this Period
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	Candidate Name Rep. Michael R. Pence		Category/ Type	
	Office Sought: X House Senate President Dist	bursement For: 2006 X Primary General Other (specify)		Contribution
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